

DMV USE ONLY

TVS NUMBER

NAME

**REQUEST FOR VERIFICATION OF APPROVAL
FOR USE OF AN APPROVED TVS PROGRAM**

SECTION A — REQUESTER (BUYER) INFORMATION

NAME OF PROGRAM BUYER

Type of Instruction (check one box): ☐ Classroom ☐ Home Study ☐ Internet

SCHOOL NAME

TVS NUMBER (IF KNOWN)

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE / TELEPHONE NUMBER

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SECTION B — PROGRAM OWNER (SELLER) INFORMATION

OWNER'S NAME

CERTIFICATION APPROVAL NUMBER

OWNER'S ADDRESS

CITY

STATE

ZIP CODE

AREA CODE / TELEPHONE NUMBER

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SECTION C — REQUIREMENTS

A request for approval for use of an existing department approved traffic safety course must include this completed form, a letter of authorization from the program owner, and the appropriate fee for verification of authorization to use the program.

The program must have been reviewed and approved by the department within the past 12 months. If it has not been reviewed and approved in the past 12 months, the program provider must resubmit it for approval first. The date of department approval may be determined from Request for Approval of TVS Educational Program form (OL 764), which was returned to the provider upon approval.

If the school wishing to use the purchased program is not ready to instruct students, approval of this program may be delayed.

Note to Requester: Pursuant to California Code of Regulations (CCR) Section 345.32 (a)(1)(C), the program owner has the responsibility of updating the program. If the program owner does not update the program when it is required you may create your own program and request approval, buy another existing approved program and request the department verify you are approved to use it, or close the school. *Refer to CCR Section 345.34 for lesson revision requirements.*

SECTION D — CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

I further certify that the named owner has given me permission to use the traffic violator program they have had approved within the past 12 months and that I have read the requirements section of this form.

REQUESTER'S PRINTED NAME

REQUESTER'S SIGNATURE

DATE

X

